Michigan Department of Health and Human Services
Behavioral Health and Developmental Disabilities Administration
OFFICE OF RECOVERY ORIENTED SYSTEMS OF CARE

Recovery Oriented System of Care, Transformation Steering Committee Meeting

MINUTES

DATE/TIME: September 17, 2015; 10:00 am to 3:00 pm
LOCATION: Horatio Earle Center, Lake Michigan Rm.
7575 Crowner Drive, Dimondale, Michigan

FACILITATOR: Deborah J. Hollis
NOTE TAKER: Recorded

ATTENDEES: **In Person:** Sandra Bullard, Yarrow Halstead, Denise Herbert, Deborah Hollis, Colleen Jasper, Kim Kovalchick, Eric Kurtz, Lisa Miller, Kevin O'Hare, Dawn Radzioch, Kristi Schmiege, Larry Scott, Ronnie Tyson, Mark Witte, Cathy Worthem

CONFERENCED IN: Angie Smith-Butterwick

TOPIC SUMMARIES

I. WELCOME AND INTRODUCTIONS – *Deborah Hollis*

Deborah welcomed the Transformation Steering Committee (TSC). Everyone introduced themselves.

II. REVIEW AGENDA AND MINUTES

No agenda additions. Minutes from the July 16, 2015 meeting were reviewed and approved.

III. BHDDA UPDATES

- FY 16-17 combined Substance Abuse Prevention and Treatment (SAPT) and Mental Health (MH) Block Grant has been submitted to Substance Abuse and Mental Health Services Administration (SAMHSA) and is available for review on the OROSC website at www.michigan.gov/bhrecovery.
- Substance use disorder allocations letters have been distributed to all Prepaid Inpatient Health Plans (PIHP).
- Substance Use Disorder/Co-Occurring Disorder Conference is 9/21/15 and 9/22/15 and we hope everyone will attend.
- SAPT Directors and Licensing and Regulatory Affairs (LARA) will be discussing rule changes on substance use disorder (SUD) regulations this week.
- Received the adolescent grant and Larry will talk about that later today.
- Effective 10/1/15, drug testing pilots will be implemented in three counties; Allegan, Marquette, and Clinton. Currently working with the SAPT Directors to identify providers.

Waiver Update – *Eric Kurtz*

Eric thanked everyone for inviting him and delivered the background/history of Michigan's Section 1915(b) managed care waiver that has been operating since 1998. Eric indicated that because this waiver has been amended and expanded numerous times over the past 17 years, that the state's ability to meet the cost effective requirements of the 1915(b) Waiver has ran its course. Over the past several months, the MDHHS has looked at numerous waiver alternatives to replace the 1915(b) and are now seeking to combine under one Section 1115 Waiver the 1915(b) and multiple 1915(c) Waivers including enhanced and/or additional SUD services.
The demonstration will be heavy in integrated care, physical and behavioral health, and high utilizers. The goal is to preserve the delivery system for specialty services. The MDHHS is waiting for the Budget Neutrality section of the waiver to be completed and further technical assistance from the Centers for Medicare and Medicaid Services (CMS) related to SUD services before the public release.

The 1915B waiver expires in December and we are looking to extend the current 1915(b) Waiver to include enhanced SUD services. He also shared information about what other states are doing and offered examples. There was a question from Deborah regarding gaps in our response to CMS that we need to work on for SUD. Eric replied that a gap analysis is in process and we plan to respond through the system and obtain ongoing technical assistance. The accessibility of this information is through the SAPT Directors who are on the committee. Recovery residences are on the table for discussion. Per Deborah, we need to know where Michigan fits.

Peer Recovery Coach Curriculum Update – *Deborah Hollis* for *Pam Werner*

The Curriculum and Credentialing Committee met on 8/31 and 9/1. Areas of the curriculum are being developed and written by committee members and the Center for Social Innovation. On December 7 through 11, 2015 the curriculum will be piloted with committee members. The process for selection of candidates to attend the training will be finalized at that time. After which the pilot revisions to the curriculum will be made if needed. The process is expected to be completed at the beginning of 2016.

IV. Access Management Workgroup Report – *Angela Smith-Butterwick*

The Access Management Workgroup met this week and talked about changing the PIHP Community Mental Health Services Program (CMHSP) contract regarding electronic revisions to access standards. The new format of the Access Standards will be sent out for review, another meeting will take place, and then they will be sent for approval. The proposed changes involve integrating SUD Treatment Policy #7 that is not reflected in the CMHSP and PIHP contracts that have to do with the American Society of Addiction Medicine (ASAM) Criteria and priority populations.

V. Anti-Stigma Initiative and Drop-In Centers Role in Recovery – ***Colleen Jasper***

Anti-Stigma Initiative - Colleen reports that research revealed that even more stigma was in the system of care than in the community. To correct this, in 2009 a committee was created which produced a toolkit called *Combatting Stigma*. This toolkit went out to all the CMHs in 2012 requesting them to send us an implementation plan. This led to gathering perceptions from consumers, surveying recipients of services, and staff. In 2014 the Governor's commission listed Stigma again as an issue. She also reported

how funding was distributed based on the commission report. The first part of the funding went to Mental Health First Aid Training; commission wanted to focus on community stigma. The second part of the funding went to creating a survey for all the CMHs to learn the effectiveness of the toolkit. Responses to the survey was interesting in that the responses were varied in nature, such as 70% said they utilize the toolkit and it did reduce stigma, some CMH's did not respond, and some focused more on community vs the toolkit.

We did not measure the dynamics of peer specialists working in the field because in 2004 we did not have Peer Specialists. Peer Specialists have been on board since 2014 and we are in the learning process of how this dynamic creates a better environment. Addressing stigma is an ongoing process and we still have more work to do on this.

Drop-In Centers – Community based centers funded through CMH and are 501c3 entities. We serve about 16,000 persons statewide through peer programs. People from the community are welcome to come if they have a serious mental illness and/or substance abuse. At the center they are able to connect with the CMH. There is a connectedness and recovery focus that is a major aspect to the centers. Currently, we are looking into changing the name from Drop-In Centers to Recovery Centers. Awards are given out for the best relationship formed between a CMH and Drop-In Center. Drop-In Centers are wholly peer operated/run.

VI. Continuing discussion of ROSC Planning, Reporting, and Education. Develop Contract Language part I – *Lisa Miller/All*

Lisa began by asking everyone to look at the six (6) handouts regarding this subject. This discussion focused on how Lisa rearranged and revised parts of the ***Behavioral Health Individual Recovery and Recovery Oriented Systems of Care, Planning, Reporting, and Evaluating*** document and added suggestions members offered at the last meeting. She also explained that for each number, i.e., there is a number at the end in ( ) and that number represents where it most closely lines up with SAMHSA guidelines. The document was placed on the screen and at the same time changes were made on the screen for everyone to view as revisions were taking place. Changes were made in the following sections:

ROSC Guiding Principles (page 11, 12, and 13):
Subsections: *What is known about Mental Health and Substance Use Disorders? Why We Need Change,* (page 15) - *What we know about services that support recovery and resilience, Examples of how a ROSC differs from traditional service systems.*

Embracing the Reasoning and Philosophy behind Recovery and Recovery Oriented Systems of Care: Gaining Insight that will Motivate Change (page 16)*:* Subsections: *What are some implications for recovery services and supports? Embracing the philosophy, perspective and practice of Recovery/ROSC by.*

Deborah states that this is the process for establishing contract standards during the negotiation process. If anyone sees any additional changes, please communicate them to Lisa. Lisa will make the changes discussed in all the sections and create a revised document.

Deborah states that this afternoon Lisa will go through a document that identifies a reporting mechanism for evaluating the system movement in recovery. The purpose is to get to some language that can be entered in the contract, because as of now, there is no reporting requirement on recovery for the PIHPs or the system as a whole.

VII. Continuing discussion of ROSC Planning, Reporting, and Education. Develop Contract Language Part II – *Lisa Miller/All*

Discussion continued on the ***Behavioral Health Individual Recovery and Recovery Oriented Systems of Care, Planning, Reporting, and Evaluating*** document (page 3) - Utilizing *the Alignment Framework: A Tool for Planning, Implementation, Enhancement and Reporting*. Lisa described ***Table I: ROSC Framework for the Transformation Process***, pointing out various parts about the matrix that describes the transformation process from three alignments; conceptual, practice, and contextual along with definitions of listed horizontally on the page for each. She also explains that it also looks at areas that can be accomplished in three phases; early (beginning), intermediate, and advanced stages, which is the basic format for everyone to utilize. This document gives ideas about what can be worked on. Lisa said after analyzing what needs to be done, a plan can be made using a holistic and integrated services approach. She also offered examples. On Page 5 - ***Report on Action/Progress toward ROSC/Recovery Implementation and Enhancement*** is the chart/form that will be used for planning and reporting. She also gives a brief explanation of each column on the matrix, as well as definitions. Examples were also given on how to fill out the chart/form. For example, state an element of ROSC/Recovery based on the bullets in the left column one of which is placed in one of the vertical alignments (conceptual, practice, or contextual) and its phase. Deborah is requesting specifically that Peer run organizations be added. A comment was made and a consensus was arrived at to revise the chart/form to show due dates on a quarterly basis.

Evaluation: Lisa directed the group to view the remaining five (5) evaluation documents which includes the ***Recovery Assessment Survey (RSA) Provider, Recovery Self-Assessment (RSA) Person in Recovery, and Recovery Self-Assessment (RSA) Family/Significant Other/advocate, Recovery Self-Assessment (RSA) CEO/Agency director and the REE-MI survey*** versions. At this point for each RSA, she assigned an alignment type for every survey point to establish a measurement. After all the survey forms have been filled-in, an average can be obtained by adding up all the alignment (conceptual, practice, and contextual) types and dividing by the number of questions per each to formulate an average. Request for a committee be formed and Ron and Colleen volunteered to be on the workgroup.

Contract Language: Everyone is in agreement that the contract language should say: *To assure the inclusion and application of recovery principles, PIHPs are required to continue implementation and enhancements of recovery services and systems development, through the use of conceptual practice and context alignment.*

VIII. School Health Project Update – Safe Schools Healthy Students (SSHS), Project AWARE, Youth Behavioral Survey, Michigan Youth Risk Behavioral Survey (YRBS), Michigan Profile for Healthy Youth (MiPHY) and Social Emotional Health of Youth – *Kim Kovalchick, Michigan Department of Education (MDE)*

Kim introduced herself, as well as her guest, Sarah Williams and described their roles in MDE. Kim continued to state and describe each project and grant funded projects; SSHS (SAMHSA funded), Project AWARE, YRBS, MiPHY and Social Emotional Health of Youth and the availability of various types of data that is derived from each. We are in our 15th consecutive year of successful implementation of the YRBS. She also gave information about how each project related to one another. She reported information on how the schools use technology for the data. Webinars are being implemented between districts to facilitate our projects.

SAMHSA funded projects include Safe Schools Healthy Students (SSHS). The counties for the SSHS include Detroit, Saginaw, and Houghton Lake with a goal of helping these districts meet the needs of students. Project AWARE has a mental health focus and include Kent, Oakland, and Jackson counties. We have joint leadership committees (state and local) as we work out issues, as well as addressing these specific areas and do a state level or strategic plan for addressing mental health in a comprehensive manner.

Sara provided information about her technology role on Project AWARE, state and local meetings that are held and who attends to capitalize on their knowledge, At the state level, there are two measures that our grants support; one being the number of students that are receiving school based mental health services and those referred out to the community if the school does not have the capacity to service the student. To formulate accurate measurements, we had to make sure everyone was on the same page and using the same methods to arrive at conclusions. Kim states that there are six state level instructors that can provide a one day training for those that do not have a mental health background and are not afraid to talk to young people about the tough questions, such as mental health and suicide. Communities are adding instructors at the state level for training. We are available to provide more information about training to each of you. We are looking at ways of placing this into the core curricula.

Kim also provides information that Brian Whiston is our new superintendent who started in the summer, and wants MDE to be the top 10 in 10, and is encouraging everyone to attend state board meetings. If a person cannot attend, visit the www.michigan.gov/mde website. On the MDE website there is a public comment link within the webpage to obtain information and make comments. There is also a direct link on the website that will take you to the *Top 10 in 10* website.

Next Steps/Action Items:

Item	Person(s) Responsible	Deadline
Update on Peer Recovery Coaches and Curriculum	Pam	11/19/15
Report on Recovery/ROSC Policy for Contract	Lisa	11/19/15

ADDITIONAL INFORMATION

Deborah posed the question as to how often the ROSC/TSC should meet and the members offered various ideas and suggestions. Please let Deborah know if you can continue to be a member because there is a two year membership term for this workgroup.

Further discussion regarding peer recovery coaches and how they need to be monitored on a statewide basis. O'Hare says that as a group we could put our stamp of approval on today's work. Deborah expresses that she appreciates everyone and their input and sharing.

This meeting has been graded on a scale between one (1) to five (5) of which a consensus was reached on the final grade. The results of that grade was varied, but the majority vote was more than four (4) and closer to five (5).

WRAP-UP AND ADJOURNMENT

The meeting ended at 2:30 pm

NEXT MEETING

Date/Time: November 19, 2015; 10:00 am to 3:00 pm
Location: Peckham, Inc. – Pine Conference Room
3510 Capital City Blvd.
Lansing, Michigan 48906